

**Required Under House Bill 800 (2007)
Maryland Health Care Commission – Program Evaluation**

***Implementation of the Recommendations
Contained in the 2006 Evaluation of the
Maryland Health Care Commission***



October 1, 2007

Gail R. Wilensky, Ph.D.
Vice Chair

Rex W. Cowdry, M.D.
Executive Director

Pursuant to the Maryland Program Evaluation Act, the Department of Legislative Services evaluated the Maryland Health Care Commission and issued its Sunset Review: Evaluation of the Maryland Health Care Commission in October 2006. This document serves as the report on the implementation status of the recommendations contained in the evaluation report.

Recommendation 1: The Maryland Health Care Commission (Commission) should update its web site to reflect the Commission's reorganization into five health care sector-based centers.

Completed, December 2006. The Commission's redesigned web site arose from discussions with the wide range of communities served by our information gathering and dissemination. We have improved site navigation by tailoring the information to different stakeholders, creating portals that give users immediate access to the information most likely to be of interest to them, such as the Consumers Portal, the Health Care Community Portal, the Small Employers/Employees Portal, and the Policymakers Portal.

Recommendation 2: Statute should be amended to provide that a quorum is a majority of the full authorized membership of the Commission and that decisions on any issue shall be by a majority of the quorum present and voting.

Completed with the enactment of Chapter 627 (House Bill 800) of 2007.

Recommendation 3: Uncodified language should be adopted to require that, in its next workload study due in 2008, the Maryland Health Care Commission:

- **Include in the study the extent to which other health care providers, not currently subject to a user-fee assessment, utilize the Commission resources;**
- **Discuss the feasibility and desirability of extending a user fee to additional types of providers regulated by the Commission; and**
- **Report its findings and recommendations to the General Assembly by December 1, 2008**

Completed with the enactment of Chapter 627 (House Bill 800) of 2007, which included the aforementioned requirement.

Recommendation 4: Statute should be amended to increase the ceiling on user fees from \$10.0 million to \$12.0 million.

Completed with the enactment of Chapter 627 (House Bill 800) of 2007.

Recommendation 5: The Maryland Health Care Commission should continue to implement the recommendations of the Certificate of Need Task Force and should

continue to include stakeholders and the Department of Health and Mental Hygiene in this process. The Maryland Health Care Commission should report to the General Assembly by October 1, 2007, with a follow-up report by October 1, 2008 regarding the progress of implementation. The Maryland Health Care Commission should also include in the reports its progress in implementing recommendations of the 2001 – 2002 evaluation, particularly recommendations involving a research project for elective angioplasty and a reorganization of the licensing and CON laws for home-based health care services. These areas have been the subject of legislation in recent years.

Completed, as required by Chapter 627 (House Bill 800) of 2007. The Commission is pleased to submit the enclosed report.

Recommendation 6: To promote more comprehensive analysis of health care spending, statute should be amended to specifically authorize the Maryland Health Care Commission to obtain data on payments to hospitals. The Maryland Health Care Commission should report to the general Assembly by October 1, 2007, on its plans to collect data on (1) facility, as well as practitioner costs; and (2) insurance project design and how that data would be used to promote quality and affordable health care.

Completed, as required by Chapter 627 (House Bill 800) of 2007. The Commission is pleased to submit the enclosed report.

Recommendation 7: To provide sufficient time for the Maryland Health Care Commission to prepare and obtain approval for the annual report on the trauma fund, statute should be amended to modify the due date to November 1. In addition, the report which would be due on November 1, 2007, should include a discussion of options for reducing the fund surplus. The options should include one-time-only uses for eliminating the large surplus that has accrued in the early years of the fund and, if the surplus is continuing to grow, on-going uses to align annual expenditures with annual revenues. The discussion of options should also examine the desirability of providing funds directly to the trauma centers for the purpose of subsidizing trauma physician costs at the centers. A grant to the trauma centers, with strong accountability for the use of the funds, could achieve the purpose of maintaining adequate physician coverage at the trauma centers, but with less red tape.

In progress. The Commission will submit this report by the November 1, 2007 due date as required by Chapter 627 (House Bill 800) of 2007.

Recommendation 8: The Maryland Health Care Commission should include on its web site information on the Center for Health Information Technology's coordination of efforts of the Task Force on Electronic Health Records, the collaboration with the Health Services Cost Review Commission on funding health information technology initiatives, and the work on the privacy and security study.

The web site should also include updates on the Maryland Health Care Commission's communication and coordination with the federal government on health information technology issues as the country moves toward the widespread adoption of health information technology.

Completed. Commission staff revised its web site information to include national information related to health information technology issues and updates on the various initiatives of the Center for Health Information Technology.

Recommendation 9: Section 19-139 of the Health-General Article requires the Maryland Health Care Commission to study the feasibility of developing a system for reducing the incidences of preventable adverse medical events in the State, which was completed in 2003. Statute should be amended to repeal as obsolete § 19-139 of the Health-General Article.

Completed with the enactment of Chapter 627 (House Bill 800) of 2007.

Recommendation 10: The Maryland Health Care Commission should continue to monitor evolving patient-safety issues by including patient-safety measures in the consumer guides published by the Commission.

Ongoing. The Commission continues to monitor and report on evolving patient safety issues in consumer and performance guides.

Recommendation 11: The Joint Legislative Task Force on Small Group Market Health Insurance is required to review numerous issues confronting the small group market and report to the General Assembly by July 1, 2007. Given the strong interest expressed by Commissioners, insurers, and business representatives in expanding the range of offerings available to small employers, the task force should consider the desirability of altering statute to allow carriers to sell other health benefit plans, in addition to the standard plan.

Completed. While the Joint Legislative Task Force on Small Group Market Health Insurance is no longer active, the Commission continues to evaluate and address the issues impacting the small group market. Chapter 243 (House Bill 579) of 2007 requires that the Commission (1) conduct a study of the comprehensive standard health benefit plan for the small group health insurance market; and (2) on or before December 1, 2007, report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1246 of the State Government Article, on options available, including modifying the comprehensive standard health benefit plan to specify a separate in-network deductible, out-of-network deductible, in-network out-of-pocket maximum, and out-of-network out-of-pocket maximum, to reform the comprehensive standard health benefit plan in a manner that will encourage more employers to enter the small group market. The Commission looks forward with sharing this report with the Legislature by the December 1, 2007 due date.

Recommendation 12: In light of advice of counsel and the disappointing sales of the limited benefit plan, the limited benefit plan should be allowed to terminate on June 30, 2008, as provided by law. In its report due to the General Assembly on January 1, 2008, regarding the limited benefit plan, the Maryland Health Care Commission should discuss other options for individuals enrolled.

In progress. The Commission will submit this report by the January 1, 2008 due date as required by Chapter 627 (House Bill 800) of 2007.

Recommendation 13: The Maryland Health Care Commission should present the results of its studies of health care coverage expansion to the Joint Legislative Task Force on Small Group Market Health Insurance. The studies should discuss the number of individuals who could potentially obtain health care coverage, the cost of the coverage, how the cost could be paid for, and the impact on existing coverage.

Completed. While the Joint Legislative Task Force on Small Group Market Health Insurance is no longer active, the Commission continues to present on various policy options for health care coverage expansion, among many issues. During the 2007 legislative session and interim, studies were presented to the Senate Finance Committee, MedStar Health, the Joint Committee on Health Care Delivery and Financing, and at an open public meeting.

Recommendation 14: As a cost-saving measure, the annual determination of the full cost of existing mandated health insurance services in the State should be repealed. Statute should be amended so that the comprehensive study of mandated benefits every four years incorporates all of the information currently required every year.

Completed with the enactment of Chapter 627 (House Bill 800) of 2007.

Recommendation 15: Statute should be amended to modify the date by which the Maryland Health Care Commission must undergo sunset review to July 1, 2017. In addition, the Maryland Health Care Commission should report to the Senate Finance Committee and the House Health and Government Operations Committee, on or before October 1, 2007, on the implementation of the recommendations contained in this sunset evaluation report.

Completed with the enactment of Chapter 627 (House Bill 800) of 2007. This document serves as the report on the implementation status of the recommendations contained in the sunset evaluation report.